

FOR OFFICE USE ONLYCard ☐Entered ☐

Town of West Hartford Dial-A-Ride

MEMBERSHIP APPLICATIONWH Residents under 65 with Qualified Disability*

July 1, 2018 – June 30, 2019

Annual Fee: \$50.00

Payment must accompany application form.

A separate membership application form and annual fee is required for each household member.

Eligibility:

*Please complete and return the Physician Certification Application.

Riders under 65 years old with a disability must be recertified annually for Dial-A-Ride membership/renewal.

Renewal _____

New _____

Last Name: _____

First Name: _____

Address: _____ Apt. # _____

West Hartford, CT 061 _____ (Zip Code)

Phone: (860) _____ - _____

Date of Birth: _____ / _____ / _____

Wheelchair Used? Yes _____ No _____

Hearing Impaired? Yes _____ No _____

Wheelchair Type: Electric _____ Manual _____

Visually Impaired? Yes _____ No _____

Special Assistance Required? Yes _____ No _____

Assisted by: Cane _____ Walker _____

Additional Notes: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone: _____

Applicant Signature (or Power of Attorney)

Date

Please make your check payable to **WH Dial-A-Ride** and return completed form with payment to:
West Hartford Dial-A-Ride, 50 South Main Street, Rm. 306, West Hartford, CT 06107.

Please also consider helping the Town sustain the Dial-A-Ride program by making a tax deductible donation.
 Thank you for your consideration and generosity!

_____ **\$50.00 Membership Fee**_____ **Additional Donation (tax deductible)**_____ **Total Amount Enclosed**

Please feel free to contact the office with any questions ~ (860) 561-7561

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Date _____

Check # _____

Amount _____

Initials _____

Town of West Hartford Dial-A-Ride
ADA QUALIFIED DISABILITY QUESTIONNAIRE

_____, West Hartford, CT 061 ____
(Applicant Name) - Please Print (Applicant Address)

Please provide information about your Functional Ability below by circling an answer (Always, Sometimes, Never) for each statement below.

I can cross the street if there are curb cuts.	Always	Sometimes	Never
I can travel up/down a gradual hill.	Always	Sometimes	Never
I can find my way to the public city bus stop with training.	Always	Sometimes	Never
I am able to wait for 10 minutes for a public city bus.	Always	Sometimes	Never
I am able to ask for, understand, and follow directions.	Always	Sometimes	Never
I am able to detect curbs, ramps, and other drop off areas.	Always	Sometimes	Never
I am able to get on and off a public city bus (using stairs____ or lift____).	Always	Sometimes	Never

Information About Your Disability:

1. What type of disability prevents you from using the public city bus system? (Check all that apply)

Physical ____ **Visual** ____ **Cognitive** ____ **Mental Health** ____ **Hearing** ____

Please describe your disability: _____

2. Do you require the assistance of a personal care attendant?

Yes _____ **No** _____ **Sometimes** _____

3. Do you use any of the following devices? (Check all that apply):

____ **Wheelchair (Manual or Electric)** ____ **Power Scooter** ____ **Cane** ____ **Walker**
____ **Braces** ____ **Oxygen Tank** ____ **Crutches** ____ **Service Animal (as defined by the ADA)**
Other _____

Certification:

I, _____, hereby certify that the above information is true and correct.
(Applicant Name – Please Print)

Applicant Signature (or Power of Attorney)

Date

*Please send the attached **Physician Certification Form** to your doctor. Your **Dial-A-Ride** membership won't become active until the Certification form has been received and processed by the Social Services Department.

PLEASE COMPLETE AND MAIL OR FAX TO:

Town of West Hartford Dial-A-Ride

50 South Main Street, Rm. 306

West Hartford, CT 06107

(860) 561-7561 Office

(860)561-7577 Fax

PHYSICIAN CERTIFICATION

I, Dr. _____, hereby certify that the Dial-A-Ride
(Physician's Name – Please Print)

applicant _____, has a disability which prevents them
(Applicant's Name – Please Print)

from being able to access traditional public transportation vehicles (city buses) and is in

need of transportation services through the West Hartford Dial-A-Ride Program.

Physician's Signature

Date

Office Address

Office Telephone